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Feb 11, 1999 8:00am  
Secretary of State

02-11-1999 90027 046 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754306

1. Corporation Name

WOODLAKE ISLES, INC.

Principal Place of Business

C/O MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33323  
US

Mailing Address

C/O MIAMI MANAGEMENT, INC.  
1189 SAWGRASS CORPORATE PARKWAY  
SUNRISE FL 33323  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/24/1980

4. FEI Number

59-2084807

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MIAMI MANAGEMENT INC  
1189 SAWGRASS CORPORATION PARKWAY  
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SHLOSS, JAN	
STREET ADDRESS	705 BANKS ROAD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MUCHNICK, SID	
STREET ADDRESS	687 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TREIBLE, HAROLD	
STREET ADDRESS	643 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000 33063	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, SHARON	
STREET ADDRESS	743 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MASIELLO, SUE	
STREET ADDRESS	645 BANKS RD	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORAN, HILDA	
STREET ADDRESS	741 BANKS RD	
CITY-ST-ZIP	MARGATE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 954-975-7871

CR2E037 (1/98)